



Department of Public Health & Social Services
GUAM BOARD OF NURSE EXAMINERS



RECORD OF PAYMENT

I. IDENTIFICATION

NAME: _____
(Last Name) (First Name) (Middle)

MAILING ADDRESS: _____
(Street Address)

(City) (State) (Zip Code)

SIGNATURE: _____ DATE: _____

II. VERIFICATION OF CERTIFICATE:

Please print the complete name used on original certification and your social security number

(Print Full Name) SS# _____

SIGNATURE: _____ DATE: _____

III. FEE

Fee paid are **NON-REFUNDABLE**. Make all checks or money orders payable to **TREASURER OF GUAM**

\$ 100.00	RN EXAM	\$ 150.00	RN/LPN Continuation of Full Approval Fee	\$ 50.00	Nurse Assistant Application for Exam
\$ 100.00	LPN EXAM	\$ 150.00	APRN License Application Fee	\$ 25.00	Nurse Assistant Endorsement
\$ 100.00	RN/LPN Endorsement	\$ 150.00	APRN Reinstatement of License	\$ 40.00	Nurse Assistant Reinstatement
\$ 125.00	RN/LPN Reinstatement for Lapsed or Inactive	\$ 100.00	APRN License Renewal	\$ 25.00	Nurse Assistant Certificate Renewal
\$ 80.00	RN License Renewal	\$ 75.00	APRN Temporary Work Permit	\$ 25.00	Certification Verification
\$ 60.00	LPN License Renewal	\$ 150.00	APRN Prescriptive Authority	\$ 20.00	Reissuance of Certificate
\$ 25.00	License Verification		OTHER	\$ 200.00	Nurse Assistant Program Approval Fee
\$ 25.00	RN/LPN/CNA Temporary Work Permit	\$ 35.00	Examination Proctoring		
\$ 20.00	Reissuance of License RN/PN Nursing Education	\$ 10.00	Nurse Practice Act		
\$ 400.00	Program Approval Fee	\$ 10.00	Rules and Regulations		

Present this form with payment to the cashier at the Department of Public Health & Social Services/Treasurer's Office then return the processed form to GBNE.

OFF-ISLAND APPLICANTS: Return this form with your payment to the GBNE at the above address.

FOR OFFICE USE ONLY			
Payment:	CHECK	MONEY ORDER	CASH CREDIT CARD
Field Receipt#:	Date Paid:		
DEPOSIT TO ACCOUNT: 324156344			